



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		450006.08
(b) Cash on Hand at Beginning of Reporting Period.....	548876.39	
(c) Total Receipts (from Line 19) .....	36415.76	536144.26
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	585292.15	986150.34
7. Total Disbursements (from Line 31).....	181000.00	581858.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	404292.15	404292.15
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 09 / 01 / 2014 To: 09 / 30 / 2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	29845.39	433501.44
(ii) Unitemized .....	6570.37	100142.82
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	36415.76	533644.26
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	36415.76	533644.26
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	36415.76	536144.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	36415.76	536144.26

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	774.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	774.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	131000.00	531000.00
24. Independent Expenditures (use Schedule E) .....	50000.00	50000.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	83.33
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	83.33
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	181000.00	581858.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	181000.00	581858.19

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	36415.76	533644.26
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	83.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	36415.76	533560.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	774.86
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	774.86

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 60	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Christen Allaman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1665 Dominican Way Ste 122

City Santa Cruz	State CA	Zip Code 95065-1528
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
--------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2014

**Transaction ID : 058BE6FE-DCA4-4F4F-9**

Amount of Each Receipt this Period  
250.00

**B. Omar Almallah**  
Full Name (Last, First, Middle Initial)

Mailing Address 20 Mule Rd

City Toms River	State NJ	Zip Code 08755-5028
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
--------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
583.31

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : 53D97F23-F8B6-45CC-A**

Amount of Each Receipt this Period  
83.33

**C. Lee Anderson**  
Full Name (Last, First, Middle Initial)

Mailing Address 900 W Magnolia Ave Ste 202

City Fort Worth	State TX	Zip Code 76104-8507
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
--------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2014

**Transaction ID : CC631182-7032-4425-B**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	583.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Andrew Antoszyk**  
Full Name (Last, First, Middle Initial)

Mailing Address 4832 Sentinel Post Road

City Charlotte State NC Zip Code 28226

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
09 / 19 / 2014  
**Transaction ID : FD4556E2-6580-40B8-8**

Amount of Each Receipt this Period  
500.00

**B. Joe Arterberry**  
Full Name (Last, First, Middle Initial)

Mailing Address 224 E Broadway Ste 110

City Louisville State KY Zip Code 40202-2016

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 374.99

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : FC02DCE0-5596-49E8-B**

Amount of Each Receipt this Period  
41.63

**C. Ivan Batlle**  
Full Name (Last, First, Middle Initial)

Mailing Address 9301 W 74th St. Suite 210

City Shawnee Mission State KS Zip Code 66204

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
09 / 15 / 2014  
**Transaction ID : A685385B-BCAE-4D1F-B**

Amount of Each Receipt this Period  
41.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	583.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Bradley Black**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5220 Flanders Dr  
 City Baton Rouge State LA Zip Code 70808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2014  
**Transaction ID : 179905A0-9918-487D-B**  
 Amount of Each Receipt this Period  
 365.00

**B. David Blandford**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1937 Old Main St Ste 2  
 City Maysville State KY Zip Code 41056-8956  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2014  
**Transaction ID : 91A742D0-3B32-44CF-9**  
 Amount of Each Receipt this Period  
 83.33

**C. Robert Block**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Curtis St  
 City Meriden State CT Zip Code 06450-5900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2014  
**Transaction ID : 9F80F71E-607E-45E7-B**  
 Amount of Each Receipt this Period  
 41.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	490.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. David Boyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1127 Wilshire Blvd Ste 1620  
 City Los Angeles State CA Zip Code 90017-4007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt  
 09 / 15 / 2014  
**Transaction ID : B412F476-4BAC-4024-8**  
 Amount of Each Receipt this Period  
 83.33

**B. Dean Brick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6422 E Speedway Blvd Ste 100  
 City Tucson State AZ Zip Code 85710-1151  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 0470551A-E5AC-4D6A-9**  
 Amount of Each Receipt this Period  
 365.00

**C. Frank Burns**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13324 Shelbyville Rd.  
 City Louisville State KY Zip Code 40223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : C2024930-4B4C-4BD2-8**  
 Amount of Each Receipt this Period  
 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	531.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Thomas Byrd**  
Full Name (Last, First, Middle Initial)

Mailing Address 3677 Fort St

City Lincoln Park State MI Zip Code 48146-4116

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
09 / 23 / 2014  
Transaction ID : **A3DB031D-1B42-4077-A**

Amount of Each Receipt this Period  
1000.00

**B. Jack Mabry Mabry Chapman**  
Full Name (Last, First, Middle Initial)

Mailing Address 2061 Beverly Rd

City Gainesville State GA Zip Code 30501-2034

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.01

Date of Receipt  
09 / 30 / 2014  
Transaction ID : **2A471779-2112-4414-8**

Amount of Each Receipt this Period  
83.37

**C. Donald Cinotti**  
Full Name (Last, First, Middle Initial)

Mailing Address 600 Pavonia Ave Ste 6

City Jersey City State NJ Zip Code 07306-2932

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4500.00

Date of Receipt  
09 / 15 / 2014  
Transaction ID : **1C509750-39A1-4A01-B**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1583.37

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. James Croley III**  
Full Name (Last, First, Middle Initial)

Mailing Address 613 Del Prado Blvd

City Cape Coral State FL Zip Code 33990

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
09 / 15 / 2014  
**Transaction ID : 2F724AF2-C3E2-44AD-9**

Amount of Each Receipt this Period  
**83.33**

**B. Timothy Crowley**  
Full Name (Last, First, Middle Initial)

Mailing Address 4405 Bellemeade ave. suite 101

City Evansville State IN Zip Code 47714

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
09 / 29 / 2014  
**Transaction ID : 8C8B5282-0FF7-496C-8**

Amount of Each Receipt this Period  
**250.00**

**C. Richard Davenport**  
Full Name (Last, First, Middle Initial)

Mailing Address 2424 S 90th St Ste 204

City West Allis State WI Zip Code 53227-2455

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **698.36**

Date of Receipt  
09 / 15 / 2014  
**Transaction ID : A9977D06-7A3E-430A-9**

Amount of Each Receipt this Period  
**41.67**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **375.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Philip James Deer**  
Full Name (Last, First, Middle Initial)

Mailing Address 4942 W Markham St

City Little Rock State AR Zip Code 72205

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014

**Transaction ID : 8D2AF836-2CE5-4791-8**

Amount of Each Receipt this Period  
**365.00**

**B. David Diskin**  
Full Name (Last, First, Middle Initial)

Mailing Address 4499 Town Center Pkwy

City Flint State MI Zip Code 48532-3425

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : F3416AB9-3661-41E1-9**

Amount of Each Receipt this Period  
**300.00**

**C. Joseph Doe**  
Full Name (Last, First, Middle Initial)

Mailing Address 1052 Gull Rd

City Kalamazoo State MI Zip Code 49048-1734

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.02**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : 9548CDE6-3F52-4FA1-B**

Amount of Each Receipt this Period  
**41.67**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>706.67</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Joseph Doe**  
Full Name (Last, First, Middle Initial)

Mailing Address 1052 Gull Rd

City Kalamazoo State MI Zip Code 49048-1734

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.02**

Date of Receipt  
**09 / 30 / 2014**

**Transaction ID : 2EFC1A06-2C73-430F-B**

Amount of Each Receipt this Period  
**50.00**

**B. Steven Dresner**  
Full Name (Last, First, Middle Initial)

Mailing Address 1513 S Grand Ave Ste 200

City Los Angeles State CA Zip Code 90015-3021

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt  
**09 / 08 / 2014**

**Transaction ID : C4B0E715-737F-4A53-8**

Amount of Each Receipt this Period  
**365.00**

**C. Timothy Ehlen**  
Full Name (Last, First, Middle Initial)

Mailing Address 250 Central Ave N Ste 105

City Wayzata State MN Zip Code 55391-1207

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**09 / 05 / 2014**

**Transaction ID : 7B5033CD-753C-49AD-A**

Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>915.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. William Ehlers**  
Full Name (Last, First, Middle Initial)

Mailing Address 125 Secret Lake Rd

City Avon State CT Zip Code 06001-3465

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt  
09 / 15 / 2014  
**Transaction ID : FF8FE5C5-4955-401C-8**

Amount of Each Receipt this Period  
**41.67**

**B. David Falconer**  
Full Name (Last, First, Middle Initial)

Mailing Address 30051 Schoenherr Rd

City Warren State MI Zip Code 48088-3124

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
09 / 17 / 2014  
**Transaction ID : A03C36B4-1F04-453B-B**

Amount of Each Receipt this Period  
**500.00**

**C. Stan Feil**  
Full Name (Last, First, Middle Initial)

Mailing Address 112 N Akers St Ste A

City Visalia State CA Zip Code 93291-5121

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.65**

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : DB887A2F-FDDF-4FED-B**

Amount of Each Receipt this Period  
**83.33**

**SUBTOTAL** of Receipts This Page (optional)..... **625.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Brad Feldman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1703 S Broad St

City Philadelphia State PA Zip Code 19148-1536

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
09 / 15 / 2014  
Transaction ID : **A0EA40A2-AAF3-4572-A**

Amount of Each Receipt this Period  
41.67

**B. James Finegan**  
Full Name (Last, First, Middle Initial)

Mailing Address 236 Roseberry St

City Phillipsburg State NJ Zip Code 08865

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.32

Date of Receipt  
09 / 15 / 2014  
Transaction ID : **256B1A4C-6FB6-4EA8-B**

Amount of Each Receipt this Period  
83.33

**C. Paul Finger**  
Full Name (Last, First, Middle Initial)

Mailing Address 115 E 61st St Apt 5B

City New York State NY Zip Code 10065-8184

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
09 / 23 / 2014  
Transaction ID : **FF630903-EEB2-41E7-9**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 625.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Jerry Ford**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2020 Fleischmann Rd  
 City Tallahassee State FL Zip Code 32308-4599  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : 8E108FFA-90D5-470C-A**  
 Amount of Each Receipt this Period  
 365.00

**B. Enrique Garcia-Valenzuela**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8901 Golf Rd Ste 206  
 City Des Plaines State IL Zip Code 60016-6850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2014  
**Transaction ID : BC5AF56F-DD9D-41BE-B**  
 Amount of Each Receipt this Period  
 250.00

**C. Sidney Gicheru**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4385 San Carlos Drive  
 City Dallas State TX Zip Code 75205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2014  
**Transaction ID : E2C295DE-4054-4B2A-B**  
 Amount of Each Receipt this Period  
 208.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	823.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Michael Gilbert**  
Full Name (Last, First, Middle Initial)

Mailing Address 12301 NE 10th Pl Ste 200

City Bellevue State WA Zip Code 98005-2487

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 15 / 2014**

**Transaction ID : 86C4BAF6-577F-4AA4-9**

Amount of Each Receipt this Period  
**83.33**

**B. Jeffrey Goldstein**  
Full Name (Last, First, Middle Initial)

Mailing Address 51 Robinhood Rd

City Asheville State NC Zip Code 28804-1635

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 19 / 2014**

**Transaction ID : 226D1A97-2321-4C6B-A**

Amount of Each Receipt this Period  
**500.00**

**c. Christopher Greer**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3528

City Fort Smith State AR Zip Code 72913-3528

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 23 / 2014**

**Transaction ID : 64057C44-4D1B-4222-9**

Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>833.33</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Jacqueline Griffiths**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12110 Sunset Hills Rd Ste 50  
 City Reston State VA Zip Code 20190-5879  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : B14CA8EF-9ADB-4951-A**  
 Amount of Each Receipt this Period  
 500.00  
 Aggregate Year-to-Date ▼  
 500.00

**B. Vamsi Gullapalli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 Pavonia Ave Ste 6  
 City Jersey City State NJ Zip Code 07306-2932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : E80EE5BC-313E-4D39-9**  
 Amount of Each Receipt this Period  
 100.00  
 Aggregate Year-to-Date ▼  
 300.00

**C. Jean Hausheer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 NW Burr Oak Dr  
 City Lawton State OK Zip Code 73507-8923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2014  
**Transaction ID : 4A45078F-676F-4801-9**  
 Amount of Each Receipt this Period  
 41.67  
 Aggregate Year-to-Date ▼  
 375.03

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	641.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial) <b>A. William Haynes</b>		Date of Receipt
Mailing Address 8 Medical Park Dr		<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
Asheville	NC	28803-2493
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 029554E1-7A46-4EBB-9</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Self	Ophthalmologist	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Gary Hirshfield</b>		Date of Receipt
Mailing Address 11 Hillside Ave		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Port Washington	NY	11050-2723
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : FC021036-4BD9-48F2-8</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Self	Ophthalmologist	<input type="text" value="41.67"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.02"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Kenneth Hogrefe</b>		Date of Receipt
Mailing Address 130 Center Way		<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	Zip Code
Corning	NY	14830-2287
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : BAC597C1-ACBA-4610-B</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Self	Ophthalmologist	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1041.67"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)  
**A. William Holcomb**

Mailing Address 1813 Kress St NE

City Cullman State AL Zip Code 35058-1565

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 15 / 2014**

**Transaction ID : C48C4462-4C98-4E05-B**

Amount of Each Receipt this Period  
**83.33**

Full Name (Last, First, Middle Initial)  
**B. Holly Holm**

Mailing Address 10201 E Grand River Rd

City Brighton State MI Zip Code 48116-6540

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : EF88C898-EE8D-42E0-9**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**C. Jeffery Hottman**

Mailing Address 18411 Shadow Ridge Dr

City Omaha State NE Zip Code 68130-2715

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 19 / 2014**

**Transaction ID : 96A5360A-8399-4408-A**

Amount of Each Receipt this Period  
**365.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **948.33**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. G. Baker Hubbard**  
Full Name (Last, First, Middle Initial)

Mailing Address 1365B Clifton Rd NE Ste B4401

City	State	Zip Code
Atlanta	GA	30322-1013

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self	Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **387.51**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

**Transaction ID : DA91D61A-42B3-4298-B**

Amount of Each Receipt this Period  

2.08
------

**B. G. Baker Hubbard**  
Full Name (Last, First, Middle Initial)

Mailing Address 1365B Clifton Rd Ste B4401

City	State	Zip Code
Atlanta	GA	30322-1013

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self	Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **387.51**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

**Transaction ID : 90FE07E2-4364-494D-9**

Amount of Each Receipt this Period  

41.67
-------

**C. Syed Husain**  
Full Name (Last, First, Middle Initial)

Mailing Address 4401 oakwood lane

City	State	Zip Code
West Des Moines	IA	50265

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self	Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

**Transaction ID : 26DBFCE7-293A-4383-8**

Amount of Each Receipt this Period  

250.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>293.75</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)  
**A. Morton Israel**

Mailing Address 770 Magnolia Ave Ste 2D

City Corona	State CA	Zip Code 92879-3122
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
--------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**749.97**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : BCA394D9-977E-4B89-9**

Amount of Each Receipt this Period  
**83.33**

Full Name (Last, First, Middle Initial)  
**B. Andrew Iwach**

Mailing Address 55 Stevenson St

City San Francisco	State CA	Zip Code 94105-2936
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
--------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2014

**Transaction ID : DFD3AFD0-E75B-47C8-8**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**C. Robert Janigian**

Mailing Address 120 Dudley St Ste 303

City Providence	State RI	Zip Code 02905-2429
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
--------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**241.63**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : E20AD5D9-5284-43FD-B**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>633.33</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Leslie Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8477 Indian Paintbrush Way  
 City Lorton State VA Zip Code 22079-5610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 09 / 15 / 2014  
**Transaction ID : F0260166-7433-4F79-8**  
 Amount of Each Receipt this Period  
 41.67  
 Aggregate Year-to-Date ▼  
 250.02

**B. Tosca Kekish**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1532 N Loomis St  
 City Naperville State IL Zip Code 60563-1317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 09 / 05 / 2014  
**Transaction ID : 54170A05-24F0-470D-A**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date ▼  
 250.00

**C. Laura King**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 225 N Columbus Dr Apt 6705  
 City Chicago State IL Zip Code 60601-7910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : E1444DFD-E99D-4617-8**  
 Amount of Each Receipt this Period  
 30.42  
 Aggregate Year-to-Date ▼  
 212.94

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	322.09
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. David Kinsler**  
Full Name (Last, First, Middle Initial)

Mailing Address 426 W Main St

City Salem State VA Zip Code 24153

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **773.74**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2014

**Transaction ID : 011F56FF-2296-4E07-9**

Amount of Each Receipt this Period  
**500.00**

**B. David Kinsler**  
Full Name (Last, First, Middle Initial)

Mailing Address 426 W Main St

City Salem State VA Zip Code 24153

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **773.74**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : 70261CE5-ADC6-4215-B**

Amount of Each Receipt this Period  
**30.38**

**C. Craig Kliger**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 Galewood Cir

City San Francisco State CA Zip Code 94131-1132

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.02**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : 9DFF7F06-132A-4CC0-9**

Amount of Each Receipt this Period  
**41.67**

**SUBTOTAL** of Receipts This Page (optional)..... **572.05**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Daniel Krivoy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9808 Venice Blvd Ste 400  
 City State Zip Code  
 Culver City CA 90232-6807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Ophthalmologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : 5086CB8A-0D58-494D-B**  
 Amount of Each Receipt this Period  
 30.42

**B. Scott Lampert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1100 Johnson Fy Rd NE Ste 593  
 City State Zip Code  
 Atlanta GA 30342-1733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Ophthalmologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 09 / 04 / 2014  
**Transaction ID : ABF27DFE-58AA-4562-8**  
 Amount of Each Receipt this Period  
 500.00

**C. Janice Law**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2311 Pierce Ave  
 City State Zip Code  
 Nashville TN 37232-8808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Ophthalmologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.02

Date of Receipt  
 09 / 15 / 2014  
**Transaction ID : A3AD2F4C-2266-4CA0-9**  
 Amount of Each Receipt this Period  
 41.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	572.09
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Andrew Lee**  
Full Name (Last, First, Middle Initial)

Mailing Address 6560 Fannin St Scurlock 450

City	State	Zip Code
Houston	TX	77030

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self	Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : 82726542-C49F-4388-B**

Amount of Each Receipt this Period  
250.00

**B. Robert Lesser**  
Full Name (Last, First, Middle Initial)

Mailing Address 40 Temple St Ste 5B

City	State	Zip Code
New Haven	CT	06510-2715

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self	Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2014

**Transaction ID : B2EA16E0-A659-4EEA-A**

Amount of Each Receipt this Period  
250.00

**C. Monique Leys**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Med Center Dr

City	State	Zip Code
Morgantown	WV	26505-4501

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self	Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2014

**Transaction ID : CD1AC9F3-B362-4C16-A**

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	865.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Ben Mahan**  
Full Name (Last, First, Middle Initial)

Mailing Address 926 N Jackson St

City Tullahoma State TN Zip Code 37388-2300

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **665.00**

Date of Receipt  
**09 / 15 / 2014**

**Transaction ID : 3E68CD9A-6A2A-4C01-A**

Amount of Each Receipt this Period  
**50.00**

**B. James Maisel**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 S Oyster Bay Rd Ste 305

City Hicksville State NY Zip Code 11801-3500

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**09 / 05 / 2014**

**Transaction ID : 61547E9D-6405-43E7-8**

Amount of Each Receipt this Period  
**250.00**

**C. Masud Malik**  
Full Name (Last, First, Middle Initial)

Mailing Address 3865 N Mulford Rd

City Rockford State IL Zip Code 61114-5603

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.35**

Date of Receipt  
**09 / 30 / 2014**

**Transaction ID : 3FA1A5C5-0270-4B87-8**

Amount of Each Receipt this Period  
**41.67**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **341.67**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Benjamin Mason**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3108 Waterbury Dr  
City Cedar Falls State IA Zip Code 50613-1514  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.02

Date of Receipt 09 / 15 / 2014  
**Transaction ID : 2FD1FF8C-5CC8-492A-B**  
Amount of Each Receipt this Period 41.67

**B. Raul Masvidal**  
Full Name (Last, First, Middle Initial)  
Mailing Address 250 SW 42nd Ave  
City Miami State FL Zip Code 33134  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 273.78

Date of Receipt 09 / 15 / 2014  
**Transaction ID : E01D4CA1-30A0-4D26-8**  
Amount of Each Receipt this Period 30.42

**C. William Maxwell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1360 E Herndon Ave Ste 401  
City Fresno State CA Zip Code 93720-3326  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 23 / 2014  
**Transaction ID : DE613B3B-59FA-4326-A**  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 322.09  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Michael Edward Edward Migliori**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 Dudley St Ste 301  
 City Providence State RI Zip Code 02905-2429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 09 / 30 / 2014  
**Transaction ID : 29F01835-4ABC-4988-B**  
 Amount of Each Receipt this Period 83.33

**B. John Mikulla**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Patrice Court  
 City Pittsburgh State PA Zip Code 15221-3619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 09 / 17 / 2014  
**Transaction ID : 885E177D-CB47-4021-A**  
 Amount of Each Receipt this Period 365.00

**C. Aaron Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31 S Almondell Way  
 City The Woodlands State TX Zip Code 77354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1233.32

Date of Receipt 09 / 30 / 2014  
**Transaction ID : 8E5498F7-5645-45AF-9**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 548.33  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Michael Minadeo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2007 N Jefferson Ave  
 City Mt Pleasant State TX Zip Code 75455-2336  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 572C6DD2-CAA1-409E-8**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date **250.00**

**B. Amalia Miranda**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3435 NW 56th St Ste 700  
 City Oklahoma City State OK Zip Code 73112-4442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : 9ED4E630-EE6A-40D7-9**  
 Amount of Each Receipt this Period  
 83.33  
 Aggregate Year-to-Date **1114.97**

**C. Robert Mobley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 42524 Hayes Rd Ste 400  
 City Clinton Township State MI Zip Code 48038-3643  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 09 / 08 / 2014  
**Transaction ID : A3ABD7DC-9B4B-4788-A**  
 Amount of Each Receipt this Period  
 1000.00  
 Aggregate Year-to-Date **1000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1333.33**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Larry Moorman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1803 Old Ocilla Rd  
 City Tifton State GA Zip Code 31794-1617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 09 / 23 / 2014  
**Transaction ID : F7F439A8-761F-4A68-A**  
 Amount of Each Receipt this Period  
 250.00

**B. Julie Nishimura**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1010 Pensacola St  
 City Honolulu State HI Zip Code 96814-2118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 09 / 08 / 2014  
**Transaction ID : 83972B8C-4D58-4BA6-8**  
 Amount of Each Receipt this Period  
 1000.00

**C. Philip Niswander**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 North Union Road  
 City Williamsville State NY Zip Code 14221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 09 / 17 / 2014  
**Transaction ID : 7BDB196D-617E-4BBF-B**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)  
**A. Mark Ozog**

Mailing Address 1417 9th St S Ste 100

City State Zip Code  
Great Falls MT 59405-4509

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**212.94**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : FE0088D5-CBB1-49F1-A**

Amount of Each Receipt this Period  
**30.42**

Full Name (Last, First, Middle Initial)  
**B. Milan Patel**

Mailing Address 406 Vera Park Pl

City State Zip Code  
Alpharetta GA 30022-1461

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 02 / 2014**

**Transaction ID : 10EDE6E7-322D-4530-B**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**C. Philip Rizzuto**

Mailing Address 120 Dudley St Ste 301

City State Zip Code  
Providence RI 02905-2429

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**375.03**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : F2433407-617E-452E-9**

Amount of Each Receipt this Period  
**41.67**

**SUBTOTAL** of Receipts This Page (optional)..... **572.09**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. John Denis Roarty**  
Full Name (Last, First, Middle Initial)

Mailing Address 84 Clairview

City Grosse Pointe Shor State MI Zip Code 48236

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014

**Transaction ID : 75D8A0F5-73ED-449D-A**

Amount of Each Receipt this Period  
 500.00

**B. Richard Roebuck**  
Full Name (Last, First, Middle Initial)

Mailing Address 213 Dayton St

City Hamilton State OH Zip Code 45011

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : 721514E6-ED1E-40C5-A**

Amount of Each Receipt this Period  
 300.00

**C. Philip Roholt**  
Full Name (Last, First, Middle Initial)

Mailing Address 5234 Violet Knoll Ave NE

City Canton State OH Zip Code 44705

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : 0A1134A2-B410-4C43-A**

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Lawrence Ronning**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1605 Portage Ave.  
City North Canton State OH Zip Code 44720  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 05 / 2014**  
**Transaction ID : CBDE1BD1-EB72-4C5C-A**  
Amount of Each Receipt this Period **250.00**

**B. Frank Ryburn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3420 23 Street  
City Lubbock State TX Zip Code 79410  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 05 / 2014**  
**Transaction ID : F074BDDF-43F0-49AB-B**  
Amount of Each Receipt this Period **300.00**

**C. Halsey Settle**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4207 James Casey St Ste 305  
City Austin State TX Zip Code 78745-1193  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 24 / 2014**  
**Transaction ID : 2A959BB4-140A-495F-B**  
Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **800.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Glenn Shear**  
Full Name (Last, First, Middle Initial)

Mailing Address 1274 Edmund Lane NE

City Atlanta State GA Zip Code 30319-4332

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : 8D71FB3A-0B99-44DB-A**

Amount of Each Receipt this Period  
 500.00

**B. Richard Sherry**  
Full Name (Last, First, Middle Initial)

Mailing Address 2500 Grubb Rd Ste 234

City Wilmington State DE Zip Code 19810-4796

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 273.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : 1E98A582-1B8A-482C-B**

Amount of Each Receipt this Period  
 30.41

**C. Richard Sherry**  
Full Name (Last, First, Middle Initial)

Mailing Address 2500 Grubb Rd Ste 234

City Wilmington State DE Zip Code 19810-4796

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 273.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : F697059D-23C0-4E64-B**

Amount of Each Receipt this Period  
 30.41

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	560.82
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Abraham Sim**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3915 Sunforest Crt  
 City Toledo State OH Zip Code 43623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 09 / 18 / 2014  
**Transaction ID : A1067A1C-02EF-4A39-9**  
 Amount of Each Receipt this Period  
 150.00  
 Aggregate Year-to-Date 250.00

**B. Samuel Spalding**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3107 East Genesee Street  
 City Syracuse State NY Zip Code 13224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 09 / 04 / 2014  
**Transaction ID : 3A6BC13A-DC13-4E73-8**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date 250.00

**C. Cameron Stone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Medical Park Dr  
 City Asheville State NC Zip Code 28803-2493  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 09 / 15 / 2014  
**Transaction ID : 2EDE126B-09BD-42DD-A**  
 Amount of Each Receipt this Period  
 208.33  
 Aggregate Year-to-Date 1249.98

<b>SUBTOTAL</b> of Receipts This Page (optional).....	608.33
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial) <b>A. Prem Subramanian</b>		Date of Receipt
Mailing Address 500 Dartmouth Ave		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Silver Spring	MD	20910-4261
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : CA9B9022-9CDD-4A80-8</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Self	Ophthalmologist	<input type="text" value="41.67"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="208.35"/>	

Full Name (Last, First, Middle Initial) <b>B. Kevin Sullivan</b>		Date of Receipt
Mailing Address 7447 W Talcott Ave Ste 300		<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
Chicago	IL	60631
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 457B6092-1714-4C6A-9</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Self	Ophthalmologist	<input type="text" value="365.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="365.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Scot Sullivan</b>		Date of Receipt
Mailing Address 833 SW 11th Ave Ste 833		<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
Portland	OR	97205-2122
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : FB7361E1-AA57-42CA-8</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Self	Ophthalmologist	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="906.67"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Michael Alton Sumsion**  
Full Name (Last, First, Middle Initial)

Mailing Address 2801 Park Marina Dr

City Redding State CA Zip Code 96001

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 22 / 2014  
**Transaction ID : 888EC5C4-9FFC-4A61-9**

Amount of Each Receipt this Period 1000.00

**B. John Thomas**  
Full Name (Last, First, Middle Initial)

Mailing Address 3519 Friendsville Road

City Wooster State OH Zip Code 44691

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 18 / 2014  
**Transaction ID : 53288074-E163-4259-8**

Amount of Each Receipt this Period 1000.00

**C. Robert Trent**  
Full Name (Last, First, Middle Initial)

Mailing Address 3190 Churn Creek Rd

City Redding State CA Zip Code 96002-2122

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 10 / 2014  
**Transaction ID : 7A78BC54-614C-43B2-B**

Amount of Each Receipt this Period 2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. C. Howell Tucker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Yorktown Dr Ste 225  
 City Fayetteville State GA Zip Code 30214-1578  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 09 / 08 / 2014  
**Transaction ID : 956D1D5C-5D19-4075-B**  
 Amount of Each Receipt this Period  
 365.00  
 Aggregate Year-to-Date  
 365.00

**B. Gerard Henderik Van Rens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1801 Nh Medical Park Dr  
 City Wilmington State NC Zip Code 28403-5351  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 09 / 23 / 2014  
**Transaction ID : 1C92623C-6155-426C-8**  
 Amount of Each Receipt this Period  
 500.00  
 Aggregate Year-to-Date  
 500.00

**C. Alan Wagner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5520 Greenwich Rd Ste 204  
 City Virginia Beach State VA Zip Code 23462-6541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 09 / 15 / 2014  
**Transaction ID : 86F12B4C-877E-4C0B-A**  
 Amount of Each Receipt this Period  
 83.33  
 Aggregate Year-to-Date  
 499.98

<b>SUBTOTAL</b> of Receipts This Page (optional).....	948.33
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Richard Wieder**  
Full Name (Last, First, Middle Initial)

Mailing Address 13303 Tesson Ferry Rd Ste 100

City Saint Louis	State MO	Zip Code 63128-4062
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
--------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

**Transaction ID : FF076CEC-80D6-4BF3-B**

Amount of Each Receipt this Period  

125.00
--------

**B. Lauren Yancey**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 Scenic View Ln

City Carrollton	State GA	Zip Code 30116-1856
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
--------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **273.78**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : 165CE815-C596-4C1B-A**

Amount of Each Receipt this Period  

30.42
-------

**c. Chi-Wah (Rudy) Yung**  
Full Name (Last, First, Middle Initial)

Mailing Address 5124 Green Braes East Dr

City Indianapolis	State IN	Zip Code 46234-2915
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
--------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2014

**Transaction ID : C56BFA02-CC1E-419A-8**

Amount of Each Receipt this Period  

300.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>455.42</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>29845.39</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Alma Adams for Congress**

Mailing Address PO Box 20622

City Greensboro State NC Zip Code 27420

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Alma Shealey Adams**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 12

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2014

**Transaction ID : F5B99AF53E882A987C4**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. America Works PAC**

Mailing Address PO Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2014 Contribution

011

Category/  
Type

Candidate Name

**America Works PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : 7299766980023F2785F**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Ami Bera for Congress**

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Ameriash B. Bera**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : 163C85F53FC533C1C8A**

Amount of Each Disbursement this Period

3000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

13000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Becerra for Congress**

Mailing Address PO Box 71584

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement  
2014 General

011

Candidate Name

**Xavier Becerra**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : 2BE9F0F872D3367AF1F**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Benishek for Congress, Inc.**

Mailing Address PO Box 108

City Gladstone State MI Zip Code 49837-0108

Purpose of Disbursement  
2014 General

011

Candidate Name

**Daniel J. Benishek**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2014

**Transaction ID : DFD1395EFAAB4B8AFE7**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Billy Long for Congress**

Mailing Address 3246 E. Ridgeview Street

City Springfield State MO Zip Code 65804

Purpose of Disbursement  
2014 General

011

Candidate Name

**William H. Long II**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MO District: 07

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : 55EF1EBC8C9BA361C69**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Brave PAC**

Mailing Address 499 S. Capitol St, SW  
Suite 404

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2014 Contribution

011

Category/  
Type

Candidate Name  
**Brave PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : A9468F4DAC79FB35789**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Bucshon for Congress**

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name  
**Larry Dean Bucshon**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Contribution**

State: IN District: 08

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : 57E68663A2E0D7D6CAB**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Butterfield for Congress**

Mailing Address 434 Fayetteville Street  
Suite 2020

City Raleigh State NC Zip Code 27601

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name  
**G. K. Butterfield**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Contribution**

State: NC District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : A2BD6993E98D57D2ED7**

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

9000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Claitor for Congress**

Mailing Address 7520 Perkins Road Suite 170

City State Zip Code  
Baton Rouge LA 70808

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Daniel A. Claitor**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District: 06

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2014

**Transaction ID : 5014AFAE421B2E2790B**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Coburn for Senate 2010**

Mailing Address 228 S Washington St Ste 115

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Thomas Allen Coburn**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OK District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : C51C3D1D15F6F01ADAE**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Cory Booker for Senate**

Mailing Address PO Box 32237

City State Zip Code  
Newark NJ 07102

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Cory Anthony Booker**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District:

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2014

**Transaction ID : AF5477415E3E977515C**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Courtney for Congress**

Mailing Address PO Box 1372

City State Zip Code  
Vernon CT 06066

Purpose of Disbursement  
2014 General

011

Candidate Name

**Joseph D. Courtney**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CT District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	4

Transaction ID : 0DDE075951165BA5262

Amount of Each Disbursement this Period

1	5	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. Denham for Congress**

Mailing Address 2150 River Plaza Dr., #150

City State Zip Code  
Sacramento CA 95833

Purpose of Disbursement  
2014 General

011

Candidate Name

**Jeffrey John Denham**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	4

Transaction ID : 2A9561F0B4819D5FFC6

Amount of Each Disbursement this Period

1	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Djou Hawaii**

Mailing Address PO Box 235280

City State Zip Code  
Honolulu HI 96823-3504

Purpose of Disbursement  
2014 General

011

Candidate Name

**Charles K. Djou**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: HI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	4

Transaction ID : 4C2D2465DDC3CF0892B

Amount of Each Disbursement this Period

5	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

8	0	0	0	0	0
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Duncan D. Hunter for Congress**

Mailing Address PO Box 1545

City El Cajon State CA Zip Code 92022

Purpose of Disbursement  
2014 General

011

Candidate Name

**Duncan Duane Hunter**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 50

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : 9AE3B64BA320B4C88BA**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Elect Blake Farenthold Committee**

Mailing Address PO Box 3369

City Corpus Christi State TX Zip Code 78463-3369

Purpose of Disbursement  
2014 General

011

Candidate Name

**R. Blake Farenthold**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 27

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : 705CC9EA289433750B3**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Families for James Lankford**

Mailing Address PO Box 1639

City Bethany State OK Zip Code 73008

Purpose of Disbursement  
2014 General

011

Candidate Name

**James Paul Lankford**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OK District:

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2014

**Transaction ID : BB67831E84CEF07E9A7**

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Fightin' Ninth Political Action Committee**

Mailing Address PO Box 71596

City Richmond State VA Zip Code 23255-1596

Purpose of Disbursement  
2014 Contribution

011

Category/  
Type

Candidate Name

**Fightin' Ninth Political Action Committee**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2014

Transaction ID : 3EABB924610A9950E69

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Fitzpatrick for Congress**

Mailing Address PO Box 185

City Langhorne State PA Zip Code 19047-0185

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Michael G. Fitzpatrick**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

State: PA District: 08

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2014

Transaction ID : D256F15B67C2DC26BCB

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Friends of Jim Clyburn**

Mailing Address Post Office Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**James E. Clyburn**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

State: SC District: 06

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

Transaction ID : 44581A3F674641A0771

Amount of Each Disbursement this Period

3500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Friends of Joe Heck**

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement  
2014 General

011

Candidate Name

**Joseph John Heck Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	4

**Transaction ID : BA46B0974B3966EDE91**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. Friends of Joe Pitts**

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement  
2014 General

011

Candidate Name

**Joseph Russell Pitts**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	4

**Transaction ID : 2A489132823C2E1F168**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. Friends of Rich Nugent**

Mailing Address PO Box 15668

City Brooksville State FL Zip Code 34604-0122

Purpose of Disbursement  
2014 General

011

Candidate Name

**Richard B. Nugent**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	4

**Transaction ID : 7F041BDC18031C73D6E**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8	5	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

8	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Friends of Todd Young, Inc.**

Mailing Address PO Box 1053

City: Bloomington State: IN Zip Code: 47402

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Todd Christopher Young**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IN District: 09

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

Transaction ID : 74B010DAD66422CD062

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Gene Green Congressional Campaign**

Mailing Address PO Box 16128

City: Houston State: TX Zip Code: 77222

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Raymond Eugene Green**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 29

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

Transaction ID : 037CE7D5547122630EA

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Guthrie for Congress**

Mailing Address PO Box 9639

City: Bowling Green State: KY Zip Code: 42102-9639

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**S. Brett Guthrie**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

Transaction ID : 54B7BCB8E41A602A7A0

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Himes for Congress**

Mailing Address 857 Post Road, #312

City Fairfield State CT Zip Code 06824

Purpose of Disbursement  
2014 General

011

Candidate Name

**James Andrew Himes**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CT District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	4

**Transaction ID : AF7D5C1B903AF3CEABE**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**B. Jeff Miller for Congress**

Mailing Address PO Box 126

City Pensacola State FL Zip Code 32591

Purpose of Disbursement  
2014 General

011

Candidate Name

**Jefferson B. Miller**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	4

**Transaction ID : 04B62ECCC891D0F14FB**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. John Lewis for Congress**

Mailing Address PO Box 2323

City Atlanta State GA Zip Code 30301

Purpose of Disbursement  
2014 General

011

Candidate Name

**John Robert Lewis**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	4

**Transaction ID : 7C14C057F43837163F3**

Amount of Each Disbursement this Period

4	0	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7	5	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

7	5	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Johnson for Congress**

Mailing Address PO Box 14496

City Poland State OH Zip Code 44514

Purpose of Disbursement  
2014 General

011

Candidate Name

**William L. Johnson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	4

**Transaction ID : 6079194AD12E4EA514C**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Julia Brownley for Congress**

Mailing Address PO Box 2018

City Thousand Oaks State CA Zip Code 91358

Purpose of Disbursement  
2014 General

011

Candidate Name

**Julia Brownley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	4

**Transaction ID : CBA08F3CF0EB4A30E26**

Amount of Each Disbursement this Period

3	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Kinzinger for Congress**

Mailing Address PO Box 2365

City Ottawa State IL Zip Code 61350-6965

Purpose of Disbursement  
2014 General

011

Candidate Name

**Adam Daniel Kinzinger**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	4

**Transaction ID : EC49C56D705575F177A**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

8	0	0	.	0	0
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2	5	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Lynn Jenkins for Congress**

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601-1441

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Lynn Michelle Jenkins**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	4

**Transaction ID : 5839F81C29C803CF39A**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Marco Rubio for US Senate**

Mailing Address PO Box 140420

City Miami State FL Zip Code 33114

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Marco Antonio Rubio**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	4

**Transaction ID : 8A1583FF8AFEBE05E77**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Marino for Congress**

Mailing Address PO Box 653

City Williamsport State PA Zip Code 17703

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Thomas Anthony Marino**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	4

**Transaction ID : C27178C412EB05AD9E3**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Marsha Blackburn for Congress, Inc.**

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024-3750

Purpose of Disbursement  
2014 General

011

Candidate Name

**Marsha Wedgeworth Blackburn**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	4

Transaction ID : 1EC93074D466D2243D9

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Michael Burgess for Congress**

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202-2334

Purpose of Disbursement  
2014 General

011

Candidate Name

**Michael Clifton Burgess**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	4

Transaction ID : 06757BE5CB1CFC549C6

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Nancy Pelosi for Congress**

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2014 General

011

Candidate Name

**Nancy Pelosi**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	4

Transaction ID : DE0C9C0544E9DB21008

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7	5	0	0	.	0	0
---	---	---	---	---	---	---

**TOTAL** This Period (last page this line number only)..... ▶

7	5	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Next Century Fund**

Mailing Address 116 S Royal Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2014 Contribution

011

Category/  
Type

Candidate Name

**Next Century Fund**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : 98C9C5E5BE95F7472E9**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Pallone for Congress**

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Frank Pallone Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Contribution

State: NJ District: 06

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : AFA22E81BD0FCB0B029**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Pat Roberts for U.S. Senate, Inc.**

Mailing Address PO Box 433

City Great Bend State KS Zip Code 67530

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Pat Roberts**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Contribution

State: KS District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : 688EB8BFE1552F88785**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Pedro for Congress**

Mailing Address PO Box 2854

City Redmond State WA Zip Code 98073-2854

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name  
**Pedro Celis**

Office Sought:  House  
 Senate  
 President  
State: WA District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2014

Transaction ID : E2CA6AC7D8F76D2C2CE

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Scott Peters for Congress**

Mailing Address PO Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name  
**Scott H. Peters**

Office Sought:  House  
 Senate  
 President  
State: CA District: 52

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

Transaction ID : 534D7994976A592A15C

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Searchlight Leadership Fund**

Mailing Address 700 13th Street NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2014 Contribution

011

Category/  
Type

Candidate Name  
**Searchlight Leadership Fund**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Contribution

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

Transaction ID : 98505777D128C456B9B

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

10000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Susan Davis for Congress**

Mailing Address PO Box 84049

City San Diego State CA Zip Code 92138-4049

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Susan A. Davis**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 53

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : CFE06DAC67E85F23FA0**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Texans for Lamar Smith**

Mailing Address PO Box 6155

City San Antonio State TX Zip Code 78209-0155

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Lamar Seeligson Smith**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 21

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2014

**Transaction ID : 8047C1C36C97719EA97**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. The Congressman Joe Barton Committee**

Mailing Address PO Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Joseph Linus Barton**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 06

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : 80CDCFA38C6B470FAE0**

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Tiberi for Congress**

Mailing Address 2931 E Dublin Granville Road  
Suite 190

City Columbus State OH Zip Code 43231-2098

Purpose of Disbursement  
2014 General

011

Candidate Name

**Patrick J. Tiberi**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2014

**Transaction ID : 5CD5058ED1A31A24D32**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Trust PAC Team Republicans for Utilizing Sensible Tactics**

Mailing Address 228 S. Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Trust PAC Team Republicans for Utilizing Sensible Tactics**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : A666DADA9E123DF5EF9**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Udall for Colorado**

Mailing Address PO Box 40158

City Denver State CO Zip Code 80204

Purpose of Disbursement  
2014 General

011

Candidate Name

**Mark E. Udall**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CO District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : 11C222A78D436A82DF0**

Amount of Each Disbursement this Period

3000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Van Hollen for Congress**

Mailing Address 10605 Concord Street  
Suite 202

City Kensington State MD Zip Code 20895

Purpose of Disbursement  
2014 General

011

Candidate Name

**Christopher Van Hollen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MD District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 11 / 2014

**Transaction ID : 10614C72EB278822164**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Wenstrup for Congress**

Mailing Address PO Box 9551

City Cincinnati State OH Zip Code 45209-0551

Purpose of Disbursement  
2014 General

011

Candidate Name

**Brad R. Wenstrup**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 11 / 2014

**Transaction ID : 194FA6969C8BC456F08**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5500.00

**TOTAL** This Period (last page this line number only)..... ▶

131000.00

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00196246
------------------------------------------------------------------------------------------------------------	----------------------------------------------------------

Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee <b>Let's Get To Work Productions LLC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> <b>10 / 06 / 2014</b>
Mailing Address 4603 Eaton Place	Amount <span style="border: 1px solid black; padding: 2px;">50000.00</span>
City State Zip Code <b>Alexandria VA 22310</b>	<b>Transaction ID : VE7819145A87425EC39A</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> <b>09 / 29 / 2014</b>
Purpose of Expenditure Media Buy, creative fee, production, shipping	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Rep. Joseph John Heck Jr.	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>03</u> State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">50000.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>
Mailing Address	Amount <span style="border: 1px solid black; padding: 2px;"> </span>
City State Zip Code	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>
Purpose of Expenditure	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: <u> </u> State: <u> </u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"> </span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">50000.00</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">50000.00</span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Jill Boyett*  
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y  
**04 / 03 / 2015**